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Under the Paperwor	ed to respond to a collection of information unless it displays a valid OMB control n								
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Application Number 10/516,743-Conf. #6909					
						May 26, 2005			
				First Named In		Hiroyuki OSADA			
For FY 2007				Examiner Name		K. Cheng			
Applicant claims sma	Art Unit		1626						
TOTAL AMOUNT OF PA	Attorney Docket	No.	1261-0156PU	S1					
METHOD OF PAYMEN	NT (check all	that apply)	******						
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Deposit Account Dep						ewart, Kolasch	& Birch, L	.LP	
For the above-ider	tified deposit	account, the D	Director is	hereby authorize	ed to: (che	ck all that apply)			
Charge fee(s) indicated be	low		Charg	e fee(s) ind	dicated below, e	xcept for th	ne filing fee	
	additional fee(37 CFR 1.16	s) or underpay and 1.17	ments of	x Credit	any overp	ayments			
FEE CALCULATION									
1. BASIC FILING, SEARC				DOLLESSO.	EV.****	147101	_		
	FILIN	G FEES Small Entity	SEA	RCH FEES Small Entity	EXAMIN	IATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees P	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description	lina Daigassas						Fee (\$)	Fee (\$)	
Each claim over 20 (include Each independent claim over 20).							50	25	
Multiple dependent claims	er 5 (merudii	ig Keissues)					200	100	
•	Claims F	ina (\$)	Fee D	aid (\$)	84.	ıltiple Depende	360	180	
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	awings excee 1.52(e)), the a of. See 35 U <u>xtra Sheets</u>	application siz S.C. 41(a)(1). Number o	te fee due (G) and 3 of each ad	is \$250 (\$125 fo 7 CFR 1.16(s). ditional 50 or frac	or small en tion thereof	tity) for each ad	ditional 50	aid (\$)	
		/50	(round up to a whol	le number)	- =			
4. OTHER FEE(S) Non-English Specificati	-	e (no small ent	tity disco	unt)			Fees F	<u>'aid (\$)</u>	
Other (e.g., late filing su	ircnarge):								
SUBMITTED BY Signature		47,609	F	Registration No.	26 600	T-1	(050) 050	5050	
OK //		[40 3	(,	Attorney/Agent)	36,623	Telephone	(858) 356		
Name (Print/Type) Mark J.	luell					Date	August 9,	2007	
I hereby certify that this paper (system in accordance with § 1.6	along with any p 3(a)(4). Signature:	/) ^	4	ittached or enclose			Office electro	nic filing	

AME	AMENDMENT TRANSMITTAL LETTER							
Applicatio 10/516,743-Cd		Filing I May 26,		Examiner K. Cheng		rt Unit 1626		
Applicant(s): Hiro								
	L COMPOUND	17//27-17	TITUMOR AC	CTIVITY AND PROCE	ESS FOR PROI	DUCING		
MS Amendment Commissioner for I P.O. Box 1450 Alexandria, VA 223 Transmitted here	313-1450 ewith is an ame							
The fee has been	n calculated and				distance of the second			
	Claims		IS AS AMENI	DED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	<u></u>			
Total Claims	9	- 20 =	0	x 50.00	0.0)0		
Independent Claims	4	- 4 =	0	x 200.00	0.0	00		
Multiple Depend	lent Claims (ch	eck if applicabl	ie)					
Other fee (please	e specify):							
TOTAL ADDITI	IONAL FEE FO	OR THIS AME	NDMENT:		0.0	00		
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x No additiona	al fee is require	d for this amer	ndment.	Name and the state of the state				
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x Charge a	ny additional filir	ing or application $#47,6$		fees required under 37 Dated:	7 CFR 1.16 and 1 August 9, 2007			
Mark J. Nuell Attorney Reg. N	vo. 36,623			-	, wg,			
BIRCH, STEWA 8110 Gatehouse Suite 100 East P.O. Box 747 Falls Church, Vii (858) 356-5959	ART, KOLASCH e Road irginia 22040-0	·	.P					
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Dated: August 9, 2007	Signature:	aliso	Your	(Alison Lalonde)				